

BEST AVAILABLE COPY

002250 T0050960

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

English Language Declaration

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

APPARATUS AND METHOD OF INSERTING SPINAL IMPLANTS

the specification of which

(mark one)

XXX is attached hereto or enclosed herewith.

_____ was filed on _____ as

Application Serial No. _____

and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose Information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 or §172 of any foreign application(s) for patent or Inventor's certificate listed below and have also identified below any foreign application for patent or Inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s) Priority Claimed

(Number) (Country) (Day/Month/Year Filed) Yes s

(Number) (Country) (Day/Month/Year Filed) Yes s

(Number) (Country) (Day/Month/Year Filed) Yes s

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which

PFT AVAILABLE COPY

007290 10050900

English Language Declaration

occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>08/074,781</u> (Application Serial No.)	<u>June 10, 1993</u> (Filing Date)	<u>Pending</u> (Status: patented, pending, abandoned, etc.)
<u>07/205,935</u> (Application Serial No.)	<u>June 13, 1988</u> (Filing Date)	<u>Issued</u> (Status: patented, pending, abandoned, etc.)
<u> </u> (Application Serial No.)	<u> </u> (Filing Date)	<u> </u> (Status: patented, pending, abandoned, etc.)
<u> </u> (Application Serial No.)	<u> </u> (Filing Date)	<u> </u> (Status: patented, pending, abandoned, etc.)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

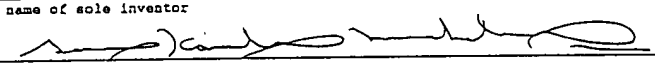
POWER OF ATTORNEY: As a named inventor, I hereby appoint Lewis Anten, Registration Number 26,604 and Amedeo Ferraro, Registration Number 37,129 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Please send all correspondence, transmit all faxes, and direct all telephone calls to:

Lewis Anten, Reg. No. 26,604
Law Offices of Lewis Anten, P.C.
Attorneys for Applicant
Suite 411
16830 Ventura Boulevard
Encino, California 91436

Tel: (818) 501-3535
Fax: (818) 501-3618

GARY KARLIN MICHELSON, M.D.

Full name of sole inventor


Inventor's signature

2/27/95
Date

Venice, California

Residence

USA

Citizenship

438 Sherman Canal

Post Office Address (where mail customarily received)

Venice, California 90291

Post Office Address